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ABSTRACT

The 1997 national summit on barriers to student learning led to a proposal for the creation of a policy-oriented coalition of organizations with a stake in addressing barriers to development, learning, and teaching. The School Mental Health Project/Center for Mental Health in Schools at the University of California, Los Angeles, offered to play a catalytic role and provide technical support for this coalition. In early March 1998, a strategic planning meeting was held, attended by members of the coalition's new steering committee who were able to be there. A working draft of the report on this meeting was circulated for comment, and this report incorporates feedback received as of May 1, 1998. The coalition was formed specifically to work for greater policy cohesion. It plans to analyze existing initiatives from the perspective of how they address barriers to development and learning and how better results can be achieved through enhancing policy cohesion and filling in gaps in policy and practice. The initial meeting identified seven activities that could be pursued immediately. These centered around building a communications infrastructure and gathering data about existing policy initiatives. Other steps in creating the organizational and operational infrastructure were outlined. Appendixes contain: (1) a list of participating organizations; (2) a description of some tools to guide analyses of policy related to barriers to development and learning; (3) the "Principles To Link By" developed by over 50 organizations in January 1994; (4) some guidelines for thinking about principles in addressing barriers to development and learning; and (5) examples of initiatives that need to be mapped and analyzed. (SLD)

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ED 425 240

Report from the Steering Committee for the

Coalition for Cohesive Policy in Addressing Barriers to Development & Learning

May, 1998

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Preface

At the 1997 national summit on addressing barriers to student learning (focused on *Closing Gaps in School/Community Policy and Practice)*, fundamental concerns were underscored regarding the critical need to fill policy gaps and enhance policy cohesion. This led to a proposal for creation of a policy-oriented coalition of organizations who have a stake in addressing barriers to development, learning, and teaching. The notion was that such a coalition could generate mechanisms to prepare and implement a strategic plan to foster policy integration and close policy gaps.

To help establish the coalition, the School Mental Health Project/Center for Mental Health in Schools at UCLA offered to play a catalytic role and provide technical support (e.g., bringing leaders together, facilitating creation of a steering group, providing support for planning). Organizations were identified and contacted; volunteers were solicited for a steering committee. In early March 1998, a strategic planning meeting was held in DC with those members of the steering committee who could attend. A working draft of the group's report was prepared and circulated for feedback and revision to all steering committee members in late March. The present document incorporates feedback received as of May 1.

This report remains a work in progress as is the Coalition itself. Please use the accompanying *Response Form* to offer suggestions for improvement.

It has fallen to us to distill and integrate the group's consensus. In doing so, we recognize that such a range of input is always filtered through a personal lens; thus, we apologize for any errors of omission or commission. Such errors and other proposed improvements to this document will be made based on feedback received from participating organizations over the next few months.

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Preamble

There is growing concern about serious flaws in policies and practices *at all levels* aimed at preventing and correcting learning, behavior, emotional, and health problems. Some policies and practices try to increase *collaboration* within schools, among schools, between schools and community agencies, and among agencies at local, state, and federal levels. Such initiatives mean to enhance cooperation and eventually increase *integrated use of resources*. The hope is that cooperation and integration will lead to better access and more effective and equitable use of limited resources. Another implicit hope is that collaboration will enhance the amount and range of available services and lead to *comprehensive approaches*. And, of course, all of this is meant to improve results.

However, if collaboration is to play a major role in improving how we address barriers to development and learning, initiatives must use all available resources to evolve the type of comprehensive, integrated approaches that are essential for meeting the complex needs of the society and its citizens. To these ends, policy must do more than raise standards and hold agencies accoubtable for results. Policy must also (a) ensure resource mapping and analyses encompass all systems and resources used to address barriers to development and learning, (b) establish mechanisms for systemic change that reflect sound theories of change and that are effectively linked, and (c) upgrade and provide inservice training keyed to all involved parties.

Initiatives must also do more to involve families and the resources of schools, neighborhoods, and institutions of higher education. With respect to families, policies and practices stressing parent involvement do not go far enough; true involvement requires outreach and support designed to mobilize the many families who are not easily involved. Neighborhood resources include much more than health and social agencies. Policy thinking must expand to encompass schools as major neighborhood resources and must focus on ways to mobilize the full range of resources in a locale (including schools, businesses, recreation, enrichment, and justice organizations, and the faith community). Those involved in school and community reforms recognize that institutions of higher education currently are part of the problem (e.g., because of the inadequacy of professional preparation programs and professional continuing education programs, what they don't teach undergraduates, what they don't focus on in pursuing research). To achieve more than a marginal involvement of these mega-resource institutions requires policy, models, and structural changes that ensure the type of truly reciprocal relationships necessary to produce progress in confronting the pressing educational, social, and health concerns confronting our society.

Policy also fails to deal with the problems of "scale-up" (e.g., system-wide replication of promising models, institutionalizing systemic changes. In particular, major policies for reform and restructuring seldom link vision for change with how to effect such changes and rarely provide adequate funds for capacity building to accomplish widespread scale-up.

All this underscores that *developing comprehensive, integrated approaches to address barriers to learning and promote healthy development continues to be a low priority* in both policy and practice. Also, there is *no explicit policy framework* to guide policy makers in this arena. Policy makers must come to understand how to realign policy horizontally and vertically to create a cohesive framework. Then, they must use it to restructure the education support programs and services that schools own and operate and weave school owned resources and community owned resources together into comprehensive, integrated approaches for addressing barriers to learning and enhancing healthy development.

Implicit in calls for agency collaboration, state cabinet structures focusing on children and families, integration of programs and services, school-community partnerships, school-wide planning, and so forth is the realization that current policies and resources are fragmented and marginalized. It is increasingly evident that the success of such reforms is dependent on the restructuring of existing policies in ways that go beyond calling for collaboration and offering waivers. Existing policies must be revisited with the intent of realigning them to enhance policy cohesion and clarifying major gaps that must be filled. To these ends, organizations concerned with strengthening youth, families, and neighborhoods must work together in new ways.

WHY A COALITION FOR POLICY COHESION?

By not moving aggressively to increase policy cohesion, limited resources often are expended unwisely. The negative impact is not just on those experiencing problems, but on society as a whole.

All youngsters, *all* families, *all* neighborhoods are affected by the fragmented and marginalized nature of policies for addressing barriers to development and learning.

Coalition for Cohesive Policy in Addressing Barriers to Development & Learning

Why Another Coalition?

One of the ironies when policy makers call for collaboration is that so little attention is given to forming *collaborations to affect policy.* It is increasingly evident that there is a critical need to fill policy gaps and enhance policy cohesion related to addressing barriers to development and learning. Currently, there is no group or mechanism focusing specifically on these matters.

While every organization has specific interests, many share facets of their agenda, have overlapping functions, and want to work more closely around areas of common concern. From this perspective, it seemed worth determining whether enough key organizations would agree to enter into a coalition -- linked by the common aims of fostering policy integration and filling policy gaps related to addressing barriers to development and learning.

Current Stage of Organization

To help establish the coalition, the School Mental Health Project at UCLA set out to identify interested organizations, facilitated creation of a steering group, and is providing support for the coalition's initial activities. The excellent response to the announcements about forming the coalition is a solid indication of both need and interest. See Appendix A for the list of those who have already responded. Others have indicated interest, and as the coalition moves forward, it is certain that more organizations will join. All organizations at all levels are welcome to join, as are individuals whose interests and talents can move the agenda forward.

In December 1997, inquiries were sent to all who expressed interest to identify those willing to serve on the coalition's steering committee to set priorities and establish a plan of action for moving forward. Again, the response has been excellent. Through long-distance communications, some initial work was done, and a decision was made to meet with those who could attend a March 6th 1998 steering group session in Washington, DC.

At the meeting, the Steering Group worked on a statement of purpose, discussed ideas related to organizational and operational structure, and delineated some first activities.

Purpose & Vision

Through suggestions made at the steering committee meeting and subsequent feedback on drafts, a consensus is being developed for statements of vision and mission and an accompanying framework of guiding principles and assumptions.

Toward a Vision Statement

A great deal of existing educational, social, health, and other human services policy intends to redress restricted opportunities that arise from economic inequities. One aim is to minimize external and internal barriers that interfere with youngsters' learning at school; a related aim is to promote healthy physical, social, and emotional development and well-being. For the most part, policy initiatives have been and continue to be developed in a piecemeal fashion. This produces considerable fragmentation of programs and services, hampers effective use of resources, and interferes with achieving desired results.

The coalition was formed specifically to work for greater policy cohesion and will analyze existing initiatives from the perspective of how they address barriers to development and learning and how better results can be achieved through enhancing policy cohesion and filling gaps in policy and practice. Building on perspectives about major policy concerns and dimensions (see Appendix B) and principles that have been developed for efforts to integrate services (see Appendices C and D), the coalition will soon generate a set of principles to guide analyses of and foster policy cohesion.

At this point, our vision centers around the view that:

> *Positive results for youth, families, and neighborhoods require actions that can improve policy cohesion and comprehensiveness in addressing barriers to learning and enhancing healthy development.*

Underlying Assumptions

We believe that viewing public policy through the lens of how barriers to development and learning are addressed will provide an invaluable analysis of the strengths, weaknesses, and gaps of existing initiatives.

We believe that enhancing intervention effectiveness in addressing barriers to development and student learning requires policy that

- is cohesive and flexible
- provides the resources necessary for transforming the nature and scope of intervention efforts so that comprehensive, multifaceted, integrated approaches are developed
- creates necessary infrastructure and provides for effective capacity building to ensure appropriate implementation of comprehensive, multifaceted, integrated approaches
- provides the resources necessary for implementing widespread scale-up.

We believe that inadequate policy support related to any of these matters means that the aim of enhancing intervention effectiveness on a large-scale will not be achieved.

Furthermore, we believe that a comprehensive vision for addressing barriers to development and learning encompasses a commitment to strengthening families, youth, and neighborhoods and requires the combined resources and decision making of families, schools, communities, and the many disciplines that are involved in providing programs and services..

We believe that interventions to address barriers to learning must be comprehensive, multifaceted, and integrated -- encompassing overlapping systems of prevention, systems of early intervention, and systems of care (see Figure 1; also see Figure B-2).

We believe that interventions must be designed in ways that ensure they are assets-based and can still appropriately meet designated needs. This requires consistent and appropriate consideration of differences, diversity, and disability and use of the least intrusive, disruptive, and restrictive procedures necessary to accomplish the best results.

We believe that appropriate evaluation and accountability for results is an integral part of capacity building and, in the early stages of program development, must involve short-term benchmarks. Then, within a reasonable time frame, the emphasis must shift to indices of major results -- *especially enhanced school performance.*

Mission Statement

The coalition for cohesive policy in addressing barriers to development and learning will pursue actions that

- foster changes in existing policies *at local, state, and national levels* to align them in ways that enhance cohesiveness among initiatives for strengthening youth, families, and neighborhoods and encourage flexibility in use of resources

- encourage new policy and practice that can fill intervention gaps and help overcome factors that hamper establishment of comprehensive approaches for addressing barriers to learning, enhancing healthy development, and enabling the attainment of high standards of performance.

First Activities

At the Steering Group meeting, seven activities were identified that could be pursued immediately. Accomplishment of these will establish the coalition as a functional entity. Once these initial activities are well underway, the steering group will have a more in-depth discussion about further developing the coalition's organizational and operational structure and next activities.

(1) Report on the Coalition's Formation and Outreach to Other Organizations and Networks. Establishment of the coalition and its steering group represents a first step and this report is a first product. Circulation of the report will serve to (a) announce the coalition's creation, (b) clarify its intent, and (c) outreach to others who may wish to join. Intensive outreach will be made to key organizations that play a major role in shaping policy.

(2) Build a Communication Infrastructure. The steering group proposed creation of a *listserv* and website to facilitate networking and widespread visibility for the coalition. The Center for Mental Health in Schools has volunteered to (a) coordinate gathering E-mail addresses from participating organizations for the coalition's *listserv* and (b) create a website for the coalition with links to member websites and other relevant sites. The Center will also coordinate the amassing of pertinent information for dissemination through the *listserv* and website. To facilitate direct discussion, a "chatroom" will be established. After this infrastructure is in place, the steering group will discuss the possibility of a newsletter and other communication processes.

(3) Generate a Set of Principles to Guide Analyses of and Foster Policy Cohesion. A great deal of attention has been paid to developing principles for service integration (see Appendices C and D). In comparable fashion, members of this coalition will develop a set of guiding principles that can be used to analyze the current status of policy initiatives. Such a set of principles and the data from studies guided by these principles are fundamental to any effort to improve policy.

(4) Approach the U.S. Department of Health and Human Services Regarding the Need for Coordination Among its Various School-Based Health Care Initiatives. At the steering group meeting, one member drew attention to the announcement that the Division of Programs for Special Populations has established a Center for School-based Health Care. Given that the Centers for Disease Control and Prevention (CDC) operates the Division for Adolescent and School Health (DASH) and the Maternal and Child Health Bureau operates the Office of Adolescent Health, steering committee members expressed concern about what could easily be increasing fragmentation of school-based initiatives. (Concerns were also raised about the fact that the new Center had been created with so little input from those who have been engaged with the school-based health care movement for many years.) A decision was made to send a letter to the Department indicating the need to discuss ways to use establishment of the new center as a catalytic event to enhance cohesion in policy and practice, rather than sit back and watch as another initiative independently stakes out its turf. The letter that was drafted and sent indicated that a commitment to cohesive policy and practice makes it essential that a discussion about areas of overlapping and complementary functions be arranged. It was stressed that those present at the steering committee meeting want to discuss how the new center will mesh with already established initiatives to minimize redundancy and fragmentation. It was also suggested that this is a propitious time for such a discussion given the current efforts to revitalize the Interagency Task Force on School Health and the National Coordinating Committee on School Health and given the role that schools will play in the Child Health Insurance Programs.

(5) Establish Regular Communication with the Emerging Coalition for Community Schools. Several members of the coalition are also involved with the emerging Coalition for Community Schools (with facilitation from the Institute for Educational Leadership). Its principal aim is "the promotion of public and private policies to support community schools." The steering committee viewed the emerging coalition as having areas of overlapping interest and recommended maintaining close communication with it and any others pursuing policies designed to address barriers to learning and enhance healthy development. Regular communication will be established through use of the *listserv,* website, and chatroom and will focus on highlighting proposed initiatives, encouraging discussion of ways to avoid further fragmentation, and formulating specific steps to build cohesive policy.

(6) Gather and Circulate Information about Existing Policy Initiatives, Trends, New Models. One key to minimizing further fragmentation and building cohesive policy is increased awareness of existing and emerging efforts designed to address barriers to learning and enhance healthy development. This encompasses successes and promising practices as well as problems, and new directions related to initiatives such as welfare reform, child care, after school programs, and the childrens' health insurance program. It also includes legislation just reauthorized (e.g., Individuals with Disabilities Education Act) or about to be reauthorized (e.g., Title I of the Elementary and Secondary Education Act). Each participating organization is asked to provide a flow of information to a central source so that two-way process of sharing and discussion can be facilitated among all interested parties. Here, too, the initial mechanisms will be the *listserv,* website, and chatroom. Over time it is expected that the accumulating body of information can be compiled and analyzed to provide improved understanding of the impact of fragmented policy and how greater policy cohesion can be achieved. The reports and "white papers" generated can include specific recommendations to policy makers and other audiences for reworking current policy so overlapping functions can be pursued in ways that maintain the integrity of essential specialized functions while enabling effective integration of nonspecialized activity. Such products can also address "disconnects" between national and state intent and local implementation (see Appendix E).

(7) Gather and Analyze Data on the Impact of Policy as it Plays Out at the School Level. The School Mental Health Project at UCLA is planning to conduct a study beginning with three states (possibly California, Ohio, and New Mexico) to provide an analysis of which policies require alignment to ensure cohesion in efforts to evolve a multifaceted, integrated, comprehensive approach to addressing barriers to development and learning. This work will encompass not only mapping and analyzing relevant policies but also how the policies and related dollars play out at a school site. Such information should be a model for other states to emulate and will provide the coalition with data and analyses it can use in making recommendations for how to enhance policy cohesion.

Other Potential Activities for Future Consideration. A variety of activities have been suggested by one or more members for later consideration: (a) a public relations campaign to enhance support for policy changes to upgrade and unify efforts to address barriers to learning, (b) convening groups to formulate specific proposals for unifying and linking policy at federal, state, and local levels, (c) a summit at which key organizations can discuss the proposals that are generated and their willingness to commit to a unified lobbying campaign for enactment of changes, (d) a conference (perhaps a video teleconference) to explore ways to reform and restructure school programs and services and how to integrate community resources, and (e) leadership training institutes focused on policy concerns.

Subsequent Steps in Creating the Organizational & Operational Infrastructure

Implementation of initial activities will provide an opportunity to demonstrate the value of the coalition. By Summer 1998, the group will have a "track record," and the steering committee can have an in-depth discussion about (a) developing the coalition's organizational and operational infrastructure and (b) formulating a detailed strategic plan (including long term goals and next activities). Examples of topics to consider are:

Membership. All organizations at all levels are welcome to join. In addition, we have heard from folks who have much to contribute to the process as individuals. The coalition still needs to clarify such membership questions as: What type of follow-up should be made with key organizations that have not responded? How should the benefits of membership be described? What should be expected of member organizations?

Financial considerations. Initially, the School Mental Health Project at UCLA is providing various forms of support and technical assistance to facilitate establishment of the coalition. In the near future, it will be necessary to clarify the likely costs related to coalition activity and how to cover the costs. The steering committee already has stressed the importance of minimizing costs by piggy-backing activity on the current efforts of participating organizations whenever appropriate and feasible and encouraging them to include discussion of the need for policy cohesion in their newsletters, at their conferences, etc. Subsequent discussion will focus on matters such as: Should a guideline be adopted assuring that no activity would be implemented unless the majority of the coalition agrees to it? Would agreement about undertaking a particular activity constitute agreement to underwrite a share of the costs? Would exceptions be made for organizations indicating that they cannot afford to pay a share?

Leadership cadre, ongoing role of steering committee, and regular operations for the immediate future. Currently, the steering committee members are leading the way. Over time, what type of leadership structure will work best? To minimize costs, voluntary efforts of the nature reflected so far are invaluable. What will best keep the process moving?

As indicated above, the first months of the coalition's operation will continue to be facilitated by the School Mental Health Project at UCLA. This will allow member organizations time to explore ways they can benefit and contribute to the coalition's mission and will allow steering committee members time to reflect on recommendations for the coalition's organizational and operational structure and next activities.

Appendix A
Participating Organizations (as of 3/98)
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Appendix B

Some Tools to Guide Analyses of Policy Related to Addressing Barriers to Development and Learning

As can be seen in Appendix E, policy makers have been active in many areas that affect youngsters and their families. Now it is time to review what has been created and make some improvements. To this end, we need some policy-oriented tools to guide analyses.

Frameworks for Analyzing Policy

For purposes of analysis, policy can be seen as a purposive course of action aimed at dealing with a matter of concern. Public policy is a course of action carried out by institutions and people who staff them. The process of developing policy is political, but not limited to the enactment of laws, regulations, and guidelines. That is, while much policy is enacted by legally elected representatives, policy often emerges informally because of the way people in institutions pursue a course of action each day. Decisions not to act also constitute policy making.

A great deal of discussion in recent years focuses on whether policy should be made from the top-down or the bottom-up. Some argue that efforts to generate systemic changes must focus on the top, bottom, and at every level of the system.

The commitment and priority assigned to a policy generally is reflected in the support provided for implementing specified courses of action. Some actions are mandated with ample funds to ensure they are carried out; others are mandated with little or no funding; some are simply encouraged.

Designated courses of action vary considerably. More often than not policy is enacted in a piecemeal manner, leading to fragmented activity rather than comprehensive, integrated approaches. Relatedly, time frames often are quite restricted -- looking for quick payoffs and ignoring the fact that the more complex the area of concern, the longer it usually takes to deal with it. The focus too often is on funding short-term projects to show what is feasible -- with little of no thought given to sustainability and scale-up.

Those concerned with addressing barriers to development and learning have a role to play in both analyzing the current policy picture and influencing needed changes. Figures B-1, B-2, B-3, and B-4 provide some frameworks for mapping and generating questions in efforts to analyze the status of policy.

Figure B-1 outlines three dimensions: (1) the purpose of the policy, (2) its form, and (3) the level of priority/degree of compulsion for carrying it out.

Figure B-2 groups major policy and practice for addressing barriers to development and learning into five areas: (1) measures to abate economic inequities/restricted opportunities, (2) primary prevention and early age interventions, (3) identification and amelioration of learning, behavior, emotional, and health problems as early as feasible, (4) ongoing amelioration of mild-moderate learning, behavior, emotional, and health problems, and (5) ongoing treatment of and support for chronic/severe/pervasive problems. As a guide for ongoing analyses of policy and practice, these areas are presented in a framework organized as an intervention continuum ranging from broadly focused prevention to narrowly focused treatments for severe/chronic problems.

Figure B-3 provides a grid for beginning to map the many initiatives that exist for addressing barriers to development and learning (including those aimed at strengthening schools, families, and neighborhoods).

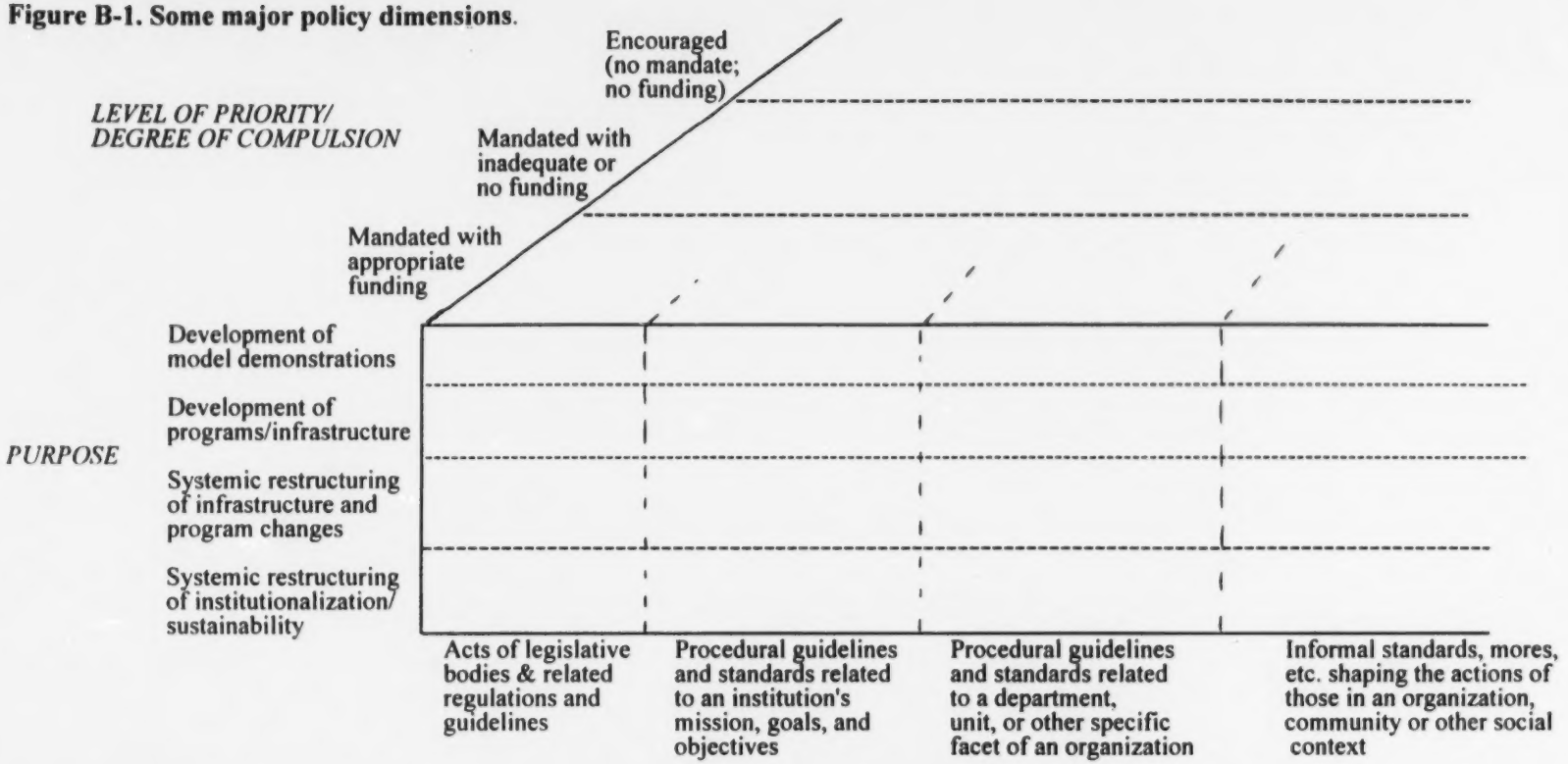
Ultimately, the intent of policy initiatives focusing on ameliorating complex psychosocial problems should be to enhance the *effectiveness* of interventions. As current policy efforts recognize, one aspect of achieving this aim is the commitment to *cohesiveness* (or integrated effort) by improving agency and department coordination/collaboration. Another aspect involves efforts to enhance the nature and scope of intervention activity.

Figure B-4 outlines considerations related to (1) the focus of prescribed changes, (2) the forms of change that are intended, and (3) the essential elements of capacity building to ensure change is accomplished.

Sampler for Thinking About and Accessing Policy Related to Addressing Barriers

The Center for Mental Health in Schools at UCLA has a technical assistance "sampler" that covers a range of basic published references, highlights guidebooks and models, lists agencies and websites, and other related resources.

Figure B-1. Some major policy dimensions.


Encouraged (no mandate; no funding)
LEVEL OF PRIORITY/ DEGREE OF COMPULSION
Mandated with inadequate or no funding
Mandated with appropriate funding
Development of model demonstrations
Development of programs/infrastructure
PURPOSE
Systemic restructuring of infrastructure and program changes
Systemic restructuring of institutionalization/ sustainability
Acts of legislative bodies & related regulations and guidelines
Procedural guidelines and standards related to an institution's mission, goals, and objectives
Procedural guidelines and standards related to a department, unit, or other specific facet of an organization
Informal standards, mores, etc. shaping the actions of those in an organization, community or other social context
(national, regional, county, local -- city, district, site specific)
FORM OF POLICY

OTHER DIMENSIONS

Comprehensiveness = piecemeal (fragmented) action ---------- comprehensive (integrated) action

Degree of flexibility in administering policy = none ---------- full waivers granted as appropriate

Length of funding = brief ---------- long-term

Requirement of in-kind contribution (buy-in) = none ---------- designated percentage (kept constant or with proportions shifting over time)

Figure B-2. Addressing barriers to development and learning: A continuum of five fundamental areas for analyzing policy and practice.

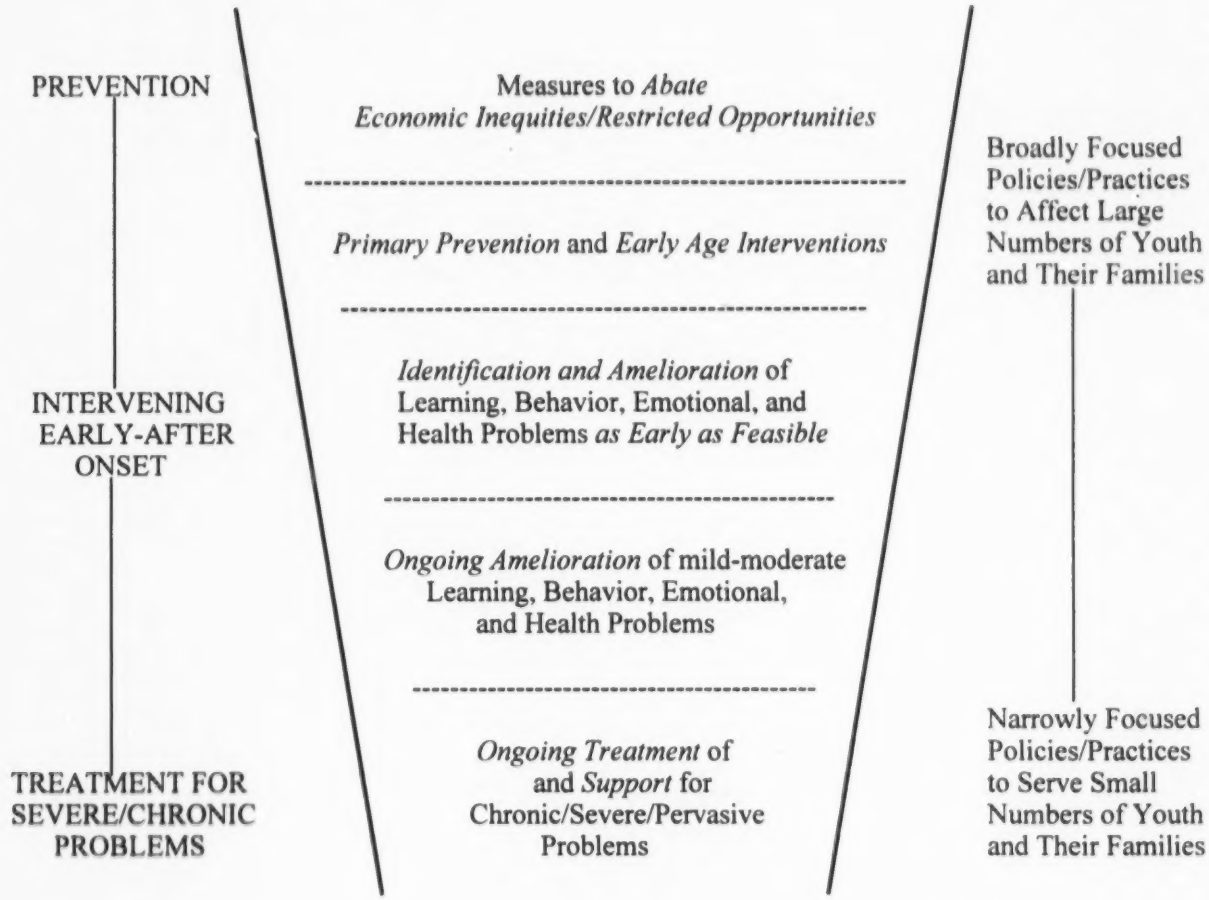

PREVENTION
INTERVENING EARLY-AFTER ONSET
TREATMENT FOR SEVERE/CHRONIC PROBLEMS
Measures to *Abate* *Economic Inequities/Restricted Opportunities*
Primary Prevention and *Early Age Interventions*
Identification and Amelioration of Learning, Behavior, Emotional, and Health Problems *as Early as Feasible*
Ongoing Amelioration of mild-moderate Learning, Behavior, Emotional, and Health Problems
Ongoing Treatment of and *Support* for Chronic/Severe/Pervasive Problems
Broadly Focused Policies/Practices to Affect Large Numbers of Youth and Their Families
Narrowly Focused Policies/Practices to Serve Small Numbers of Youth and Their Families

Figure B-3. Framework Outlining Areas of Interest in Addressing Barriers to Development and Learning (including Strengthening Schools, Families, and Neighborhoods)

	Health (physical, mental)	Education (regular/special trad./alternative)	Social Services	Work/ Career	Enrichment/ Recreation	Juvenile Justice	Neighborhood/ Comm. Improvement
Prevention							
Early-After-Onset Intervention							
Treatment of Chronic & Severe Problems							

Level of Initiatives

- National (federal/private)
- State-wide
- Local
- School/neighborhood

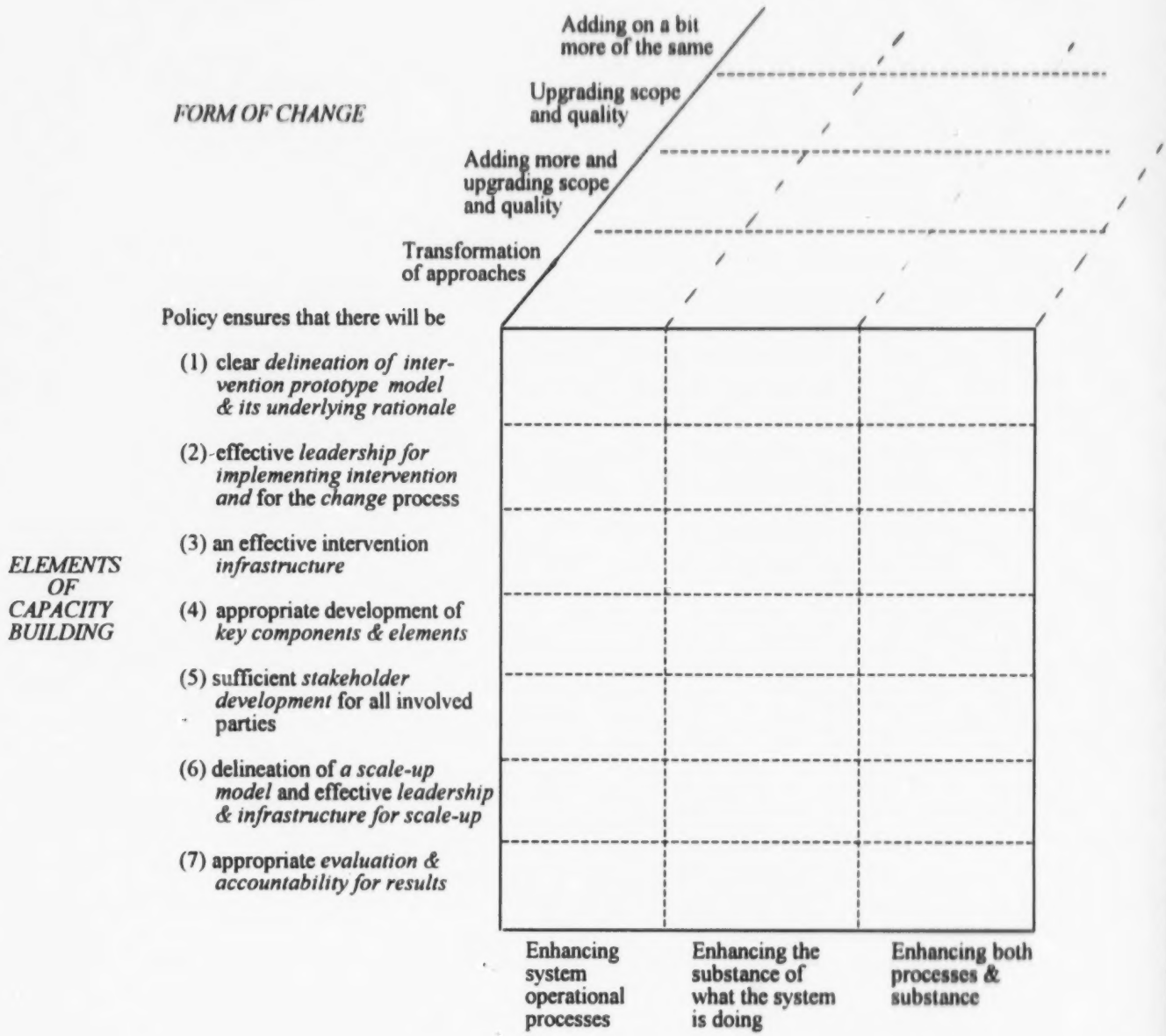
Questions:

What are the initiatives at the various levels?

How do they relate to each other?

How do they play out a school site and in a neighborhood?

Figure B-4. Example of a dimensional framework for analyzing intervention policy at national, state, and local levels.


Adding on a bit more of the same
Upgrading scope and quality
Adding more and upgrading scope and quality
Transformation of approaches
FORM OF CHANGE
Policy ensures that there will be
(1) clear delineation of intervention prototype model & its underlying rationale
(2) effective leadership for implementing intervention and for the change process
(3) an effective intervention infrastructure
(4) appropriate development of key components & elements
(5) sufficient stakeholder development for all involved parties
(6) delineation of a scale-up model and effective leadership & infrastructure for scale-up
(7) appropriate evaluation & accountability for results
ELEMENTS OF CAPACITY BUILDING
Enhancing system operational processes
Enhancing the substance of what the system is doing
Enhancing both processes & substance
FOCUS OF PRESCRIBED CHANGES

Appendix C

Over 50 National Organizations Offer "Principles to Link By"

In January 1994, over 50 national organizations sent representatives to a meeting to develop a set of "Principles to Link By" focusing on integrated services that are community based and school-linked. These principles are categorized into four groups.

I. Basic Elements of Preventive Strategies for Effective Services

- Services should be community-based and community delivered.
- Services should be family-centered, driven by the needs of children, youth, and families; and built on strengths.
- Needed services should be available and accessible to all in a variety of settings, using a combination of public, private, community and personal resources.
- Services should be culturally competent.
- Services should focus on primary prevention, early intervention, and strengthening the ability of children, youth, and families to help themselves.
- Services should be comprehensive, and a continuum of services should be available.
- Services should be flexible.
- Public, private and community services should be coordinated, integrated, and collaboratively delivered.
- Services should be of high quality and developmentally appropriate.
- Services should be cost-effective.

II. The Role of Financing

- Two priorities should guide funding policies -- a focus on achieving desired results and greater flexibility in how dollars are used to accomplish them.
- States and communities should have greater flexibility in using categorical funds.
- Stable and adequate funding should be available to support collaboration, particularly the infrastructure needed for effective services.
- Funding should promote intra-agency, interagency and inner-system decision making.
- Dollars gained by increased efficiency and expenditures on prevention and early intervention should be invested to further expand prevention and early intervention.
- Funding should protect vulnerable populations.

*Copies of the report are available from the American Academy of Pediatrics, 601 13th Street, NW, Suite 400 North, Washington, DC 20005.

III. The Role of Needs Assessment and Program Evaluation

- Needs assessment, program development, and evaluation should be part of an ongoing process.
- Needs assessment and program evaluation should be tailored to each community and shaped by community members.
- Needs assessment should focus on community strengths and available resources as well as needs and service gaps.
- Needs assessment and program evaluation should give communities the information they need to meet their objectives.
- Funding from all levels and sources, private as well as public, should balance accountability with the need to encourage service innovation.
- Federal and state agencies should establish uniform reporting requirements and standardize their data definitions.
- To support change, investments should be made in multiple strategies for needs assessment and program evaluation.
- Communities should receive technical and financial support in assessing needs and measuring progress.

IV. The Importance of Stronger Structures for Coordination

- Coordinating structures should be collaborative.
- Coordinating structures should be community based and reflect the diversity and uniqueness of the community.
- Coordinating structures should be empowered to guide systems change and assure collaboration.
- Coordinating structures should have flexibility in defining geographic boundaries and institutional relationships.
- Coordinating structures should be establish and maintain a results-based accountability system.
- Coordinating structures should be encouraged without prescribing a specific structure or authority.
- Federal and state levels should model collaboration that supports community efforts.
- Federal and state policies should provide incentives that encourage collaboration among public, private, and community agencies.

Appendix D

Some Guidelines for Thinking About Principles in Addressing Barriers to Development and Learning

In a synthesis of key principles for effective frontline practice, Kinney, Strand, Hagerup, and Bruner (1994) caution that care must be taken not to let important principles simply become

> *the rhetoric of reform, buzzwords that are subject to critique as too fuzzy to have real meaning or impact . . . a mantra . . . that risks being drowned in its own generality.*

With this caution in mind, it is helpful to review the following phrases. They are offered simply to provide a sense of the philosophy guiding efforts to address barriers to development and learning.

- A focus on improving systems, as well as helping individuals
- Full continuum of interventions
- Activity clustered into coherent areas
- Comprehensiveness
- Integrated/cohesive programs
- Systematic planning, implementation, and evaluation
- Operational flexibility and responsiveness
- Cross disciplinary involvements
- Deemphasis of categorical programs
- School-community collaborations
- High standards-expectations-status
- Blend theory and practice
- Family-centered, holistic, and developmentally appropriate
- Consumer-oriented, user friendly
- Consumers should contribute
- Tailor to fit sites and individuals
- Embody social justice/equity
- Account for diversity
- Respect and appreciation for all parties
- Partnerships in decision making/shared governance
- Build on strengths
- Clarity of desired outcomes
- Accountability
- Self-renewing

*J. Kinney, K. Strand, M. Hagerup, & C. Bmner (1994). Beyond *the Buzzwords: Key Principles in Effective Frontline Practice*. Falls Church, VA: NCSI Information Clearinghouse.

(cont. on next page)

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Appendix D (cont.)

The following list reflects guidelines widely advocated by leaders for reform.

An infrastructure must be designed to ensure that enabling activity

- includes a focus on prevention (including promotion of wellness), early-age interventions, early-after-onset interventions, and treatment for chronic problems,
- is comprehensive (e.g., extensive and intensive enough to meet major needs)
- is coordinated-integrated (e.g., ensures collaboration, shared responsibility, and case management to minimize negative aspects of bureaucratic and professional boundaries),
- is made accessible to all students (including those at greatest risk and hardest-to-reach),
- is of the same high quality for all,
- is user friendly, flexibly implemented, and responsive,
- is guided by a commitment to social justice (equity) and to creating a sense of community,
- uses the strengths and vital resources of all stakeholders to facilitate development of themselves, each other, the school, and the community,
- is designed to improve systems and to help individuals, groups, and families and other caretakers,
- deals with the child holistically and developmentally, as an individual and as part of a family, and with the family and other caretakers as part of a neighborhood and community (e.g., works with multigenerations and collaborates with family members, other caretakers, and the community),
- is tailored to fit distinctive needs and resources and to account for diversity,
- is tailored to use interventions that are no more intrusive than is necessary in meeting needs (e.g., the least restrictive environment)
- facilitates continuing intellectual, physical, emotional and social development, and the general well being of the young, their families, schools, communities, and society,
- is staffed by stakeholders who have the time, training, skills and institutional and collegial support necessary to create an accepting environment and build relationships of mutual trust, respect, and equality,
- is staffed by stakeholders who believe in what they are doing,
- is planned, implemented, evaluated, and evolved by highly competent, energetic, committed and responsible stakeholders.

Furthermore, infrastructure procedures should be designed to

- ensure there are incentives (including safeguards) and resources for reform,
- link and weave together (1) enabling activity that is owned by the schools and (2) community public and private resources,
- interweave the Enabling Component with the Instructional and Management Components of school and community,
- encourage all stakeholders to advocate for, strengthen, and elevate the status of young people and their families, schools, and communities,
- provide continuing education and cross-training for all stakeholders,
- provide quality improvement and self-renewal,
- demonstrate accountability (cost-effectiveness and efficiency) through quality improvement evaluations designed to lead naturally to performance-based evaluations.

Appendix E
Examples of Initiatives that Need to be Mapped & Analyzed

Education

Elementary and Secondary Education Act/Improving Americas Schools Act (ESEA/IASA)

- Title I -- Helping Disadvantaged Children Meet High Standards
  - Part A: Improving Basic Programs Operated by LEAs
  - Part B: Even Start Family Literacy
  - Part C: Migratory Children
  - Part D: Neglected or Delinquent
- Title II -- Professional Development (upgrading the expertise of teachers and other school staff to enable them to teach all children
- Title III -- Technology for Education
- Title IV -- Safe and Drug-Free Schools
- Title V -- Promoting Equity (Magnet schools, women's educational equity)
- Title VI -- Innovative Education Program Strategies (school reform and innovation) (scale-up of New American Schools?)
- Title VII -- Bilingual Education, Language Enhancement, and Language Acquisition (includes immigrant education)
- Title IX -- Indian Education
- Title X -- Programs of National Significance Fund for the Improvement of Education
- Title XI -- Coordinated Services
- Title XIII -- Support and Assistance Program to Improve Education (builds a comprehensive, accessible network of technical assistance)

21st Century Community Learning Centers (after school programs)

Other after school programs (involving agencies concerned with criminal justice, recreation, schooling, child care, adult education)

McKinney Act (Title III) -- Homeless Education

Goals 2000 -- "Educational Excellence"

School-to-Work (with the Labor Dept.)

Vocational Education

Individuals with Disabilities Education Act (IDEA)

Social Securities Rehabilitation Act of 1973, Title V -- commonly referred to as Section 504 -- this civil rights law requires schools to make reasonable accommodations for students with disabilities so they can participate in educational programs provided others. Under 504 students may also receive related services such as counseling even if they are not receiving special education.

Head Start and related pre-school interventions

Adult Education (including parent education initiatives and the move toward creating Parent Centers at schools)

Related State/Local Educational Initiatives

e.g., State/Local dropout prevention and related initiatives (including pregnant minor programs); State and school district reform initiatives; student support programs and services funded with school district general funds or special project grants; Community School Initiatives, etc.

Labor & HUD

Job Corps
Summer Youth (JTPA Title II-B)
Youth Job Training (JTPA Title II-C)
YouthBuild

Health

Public Health Service
Substance Abuse and Mental Health Services Administration (SAMHSA) Initiatives
(including Substance Abuse Prevention and Treatment Block Grant, Systems of Care initiatives)
Center for Substance Abuse Treatment
Center for Substance Abuse Prevention
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute on Child Health

Health Resources and Services Administration (HRSA) Initiatives
Maternal & Child Health Bureau
Block Grants -- Title V programs -- at State and local levels for
>reducing infant mortality & the incidence of disabling conditions
>increase immunizations
>EPSDT for low income youth
>comprehensive perinatal care
>preventive and primary child care services
>comprehensive care for children with special health needs
>rehabilitation services for disabled children under 16 eligible for SSI
>facilitate development of service systems that are comprehensive, coordinated, family centered, community based and culturally competent for children with special health needs and their families

Approximately 15% of the Block Grant appropriation is set aside for special projects of regional and national significance (SPRANS) grants.

There is also a similar Federal discretionary grant program under Title V for Community Integrated Service Systems (CISS) -- includes the Home Visiting for At-Risk Families program.

- Ryan White Title IV (pediatric AIDS/HIV)
- Emergency Medical Services for Children program
- Healthy Start Initiative
- Healthy Schools, Healthy Communities -- a collaborative effort of MCHB and the Bureau of Primary Health Care -- focused on providing comprehensive primary health care services and health education/promotion programs for underserved children and youth (includes School-Based Health Center demonstrations)
- Mental health in schools initiative -- 5 states, 2 national centers

Administration for Children and Families -- Family and Youth Services Bureau

- Runaway and Homeless Youth Program
- Youth Gang Drug Prevention Program
- Youth Development -- Consortia of community agencies to offer programs for youth in the nonschool hours through Community Schools
- Youth Services and Supervision Program

Centers for Disease Prevention and Control (CDC)

- Comprehensive School Health -- infrastructure grants and related projects
- HIV & STD initiatives aimed at youth

Adolescence Family Life Act

Family Planning (Title X)/Abstinence Education

Robert Wood Johnson Foundation States -- Making the Grade initiatives (SBHCs)

Related State/Local health services and health education initiatives (e.g., anti-tobacco initiatives and other substance abuse initiatives; STD initiatives; student support programs and services funded with school district general funds or special project grants; etc.)

Social Services

Social Services Block Grant
Child Support Enforcement
Community Services Block Grant
Family Preservation and Support Program (PL 103-66)
Foster Care/Adoption Assistance
Adoption Initiative (state efforts)
Independent Living

Juvenile Justice (e.g., Office of Juvenile Justice and Delinquency Prevention)

Crime prevention initiatives
Gang activities, including drug trafficking
State Formula & Discretionary Grants
Parental responsibility initiatives
Youth and guns
State/Local Initiatives

Agency Collaboration and Integrated Services Initiatives

>Federal/State efforts to create Interagency Collaborations
>State/Foundation funded Integrated Services Initiatives (school-linked services/full services schools/Family Resource Centers)
>Local efforts to create intra and interagency collaborations and partnerships (including involvement with private sector)

On the way are major new and changing initiatives at all levels focused on

>child care (Child Care and Development Block Grant)
>youth health insurance (Child Health Insurance Program)
>welfare reform (including ongoing concern for family preservation and family support)

Related to the above are a host of funded research, training, and TA resources.

>Comprehensive Assistance Centers (USDOE)
>National Institute on the Education of At-Risk Students (USDOE)
>Regional Resource & Federal Centers Network (USDOE, Office of Spec. Educ. Res. & Ser.)
>National Training and Technical Assistance Centers for MH in Schools (USDHHS/MCHB)
>Higher education initiatives for Interprofessional Collaborative Education